

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Fraser Town of
ADDRESS: PO Box 89
Fraser, CO 80442-0089
FACILITY: UPPER FRASER VALLEY TP
LOCATION: 75487 US HWY 40
FRASER, CO 80442
ATTN: Jeff Durbin, Town Mgr

CO0040142	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	09/30/2016

DMR Mailing ZIP CODE: 80442-0089
MAJOR

Quarterly Monitoring for 001A
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total recoverable 00980 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	55	*****	ug/L	0	1/4	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	1500 30DA AVG	*****	ug/L		Quarterly	COMPOS
Manganese, dissolved [as Mn] 01056 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.5	21	ug/L	0	1/4	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	35 30DA AVG	Req. Mon. DAILY MX	ug/L		Quarterly	COMPOS
Zinc, potentially dissolved 01303 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	48.5	61	ug/L	0	1/4	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	63 30DA AVG	96 DAILY MX	ug/L		Quarterly	COMPOS
Silver, potentially dissolved 01304 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	BDL	BDL	ug/L	0	1/4	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Quarterly	COMPOS
Cadmium, potentially dissolved 01313 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	BDL	BDL	ug/L	0	1/4	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	.3 30DA AVG	1.1 DAILY MX	ug/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Quarterly monitoring - see C.15, pg 15.

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ATTN: Jeff Durbin, Town Mgr

CO0040142	001-X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	09/30/2016

DMR Mailing ZIP CODE: 80442-0089
MAJOR

Chronic WET Testing at 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	tox Chronic	φ	1/4	Comp
TKP3B P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. SINGSAMP	*****	*****	tox chronic		Quarterly	COMP-3
Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	tox Chronic	φ	1/4	Comp
TKP3B S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MN VALUE	*****	*****	tox chronic		Quarterly	COMP-3
Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	tox Chronic	φ	1/4	Comp
TKP3B T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	26 MN VALUE	*****	*****	tox chronic		Quarterly	COMP-3
Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	tox Chronic	φ	1/4	Comp
TKP6C P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. SINGSAMP	*****	*****	tox chronic		Quarterly	COMP-3
Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	tox Chronic	φ	1/4	Comp
TKP6C S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MN VALUE	*****	*****	tox chronic		Quarterly	COMP-3
Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	tox Chronic	φ	1/4	Comp
TKP6C T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	26 MN VALUE	*****	*****	tox chronic		Quarterly	COMP-3

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TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See I.B.5 for details of test procedure. Rpt NOEC using test code "S". Rpt IC25 using test code "P". Beginning 7-1-15, rpt highest number between "P" and "S" at "T" for each parameter. IWC=26%.